

Depression

Treatment of Patients with
Major Depressive Disorders,
Third Edition



Important Points to Remember

Depression is one of the most common illnesses in the United States. Approximately 21 million people are affected by depression each year, which makes it one of the leading causes of disabilities in the United States.

Depression is also a common secondary condition. It is often times a comorbidity of other chronic illnesses and diseases, such as diabetes, heart disease, obesity, spinal cord injuries, Parkinson's disease, multiple sclerosis and arthritis. Depression may worsen or exacerbate a current medical condition.

CareSource is continuously educating our members on recognizing the signs and symptoms of depression. Also, we will assist them in using medical and self-directed treatment options.

Care Management Referral Contact Information

Medicaid: 1-800-993-6902

(CareSource® MyCare Ohio members are assigned Care Managers upon enrollment)

Marketplace: 1-844-280-5463

CareSource24®, Available 24/7 Nurse Advice Line

Medicaid: 1-866-206-0554

CareSource MyCare Ohio: 1-866-206-7861

Marketplace: 1-866-206-4240

AT RISK POPULATIONS

LIFE STAGE ISSUES

- **Pregnancy:** 10 to 15 percent of women experience a depressive episode during pregnancy or within the first year after having a baby. The incidence is even higher if there has been a previous postpartum depression.
- **Elderly:** For older adults with chronic illness or physical disability, including those expected to remain in a long-term care facility, depression may be erroneously regarded as expected or inevitable, and therefore untreatable. As a result, it is common for major depressive disorder to be undiagnosed and untreated among older adults.

CO-OCCURRING WITH OTHER CONDITIONS

- **Chronic illnesses:** Medical depression is one of the most common complications of chronic illnesses. It is estimated that up to one-third of people with a serious medical condition experience symptoms of depression. Unfortunately, primary care providers (PCPs) routinely report that they do not assess for mood and other emotional disorders in their patients.
- **Substance Abuse:** A patient with major depressive disorder who has a co-occurring substance use disorder is more likely to require hospitalization, more likely to attempt suicide, and less likely to adhere to treatment than a patient with major depressive disorder of similar severity uncomplicated by substance use.

ASSESSMENT

- **PHQ9:** The Patient Health Questionnaire is a nine-item, self-administered instrument designed to screen for depression.
- **The PHQ9 can be accessed at:**
http://www.phqscreeners.com/sites/g/files/g10016261/f/201412/PHQ-9_English.pdf
- **Center for Epidemiological Studies Depression (CES-D):** This is a 20-item instrument that was developed to measure the symptoms of depression in community populations. It is self-reported and professionally administered.

TREATMENT RECOMMENDATIONS

- **Psychopharmacology – Antidepressant Medication:** This medication is recommended as an initial treatment choice for patients with mild to moderate major depressive disorder and “definitely should be provided for those with severe major depressive disorder.” Good practice requires health partners to review their patients’ use of other prescribed medications and over-the-counter drugs.
 - **Counseling:** Clinical evidence supports the use of Cognitive-Behavioral Therapy (CBT), interpersonal psychotherapy, psychodynamic therapy, problem solving therapy and other therapy modalities when utilized in individual and group formats. These therapies have been shown to be effective on their own and in combination with pharmacology across populations.
 - **Coordination:** Coordination of care among health partners.
 - Self-directed care according to the Substance Abuse and Mental Health Services Administration (SAMHSA) reports that good general health can maximize the chances of recovery from depression.
 - **Exercise:** While not proven to be effective alone, exercise has been shown to help with other treatments, and is a reasonable addition to a treatment plan for depression.
 - **Nutrition:** The effects of diet are well documented, and many risk factors for depression include obesity. Good promotion of healthy behaviors includes good nutrition.
 - **Healthy life practices:** These practices support maintenance and recovery of physical and mental well-being. Examples include decreased use of tobacco, alcohol, and other unsafe drug use.
 - **Wellness Recovery Action Plans:** These plans and chronic disease self-management strategies are designed to help people. They provide the needed structure and direction to motivate people struggling to successfully initiate and maintain healthy lifestyle changes.
- The Treatment of Patients with Major Depressive Disorders, Third Edition is the source document for this information and can be accessed in full at: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf

POPULATION MANAGEMENT CAN BE EASY!

Our online Provider Portal allows you to easily and securely access critical information 24/7. CareSource offers its providers a comprehensive suite of informational online tools that can help increase efficiency and improve patient outcomes. Some of these tools include:

Member Profile – With its comprehensive view of patient medical and pharmacy data, the Member Profile can help you determine an accurate diagnosis more efficiently and reduce duplicate services, as well as unnecessary diagnostic tests.

Provider Portal Access –
<https://providerportal.caresource.com/>

Clinical Practice Registry – This proactive online tool emphasizes preventive care by identifying and prioritizing health care screenings and tests. The primary benefit of the Registry is population management. You can quickly sort your CareSource membership into actionable groups.

